Staying Healthy: Recommendations for WOMEN



The Veterans Health Administration (VHA) aims to help you stay healthy. The table below lists the **preventive health services** (screening tests, medications, health counseling, and vaccines) that VHA recommends. Screening tests are used to look for health conditions before there are symptoms. These recommendations apply only to adult women of **average risk**. You are a woman of average risk if you have **no personal or family history or symptoms** of the conditions listed below. If you are having symptoms of a condition, please talk with your provider.

Which preventive health services are recommended for average risk women in my age group?

| Green: | Recommended |
|---------|--|
| Yellow: | Recommended for some women – talk with your provider |
| Red: | Not recommended (NR) |

SCREENING TESTS FOR AVERAGE RISK VETERANS

| HEALTH CONDITIONS | 18–29 years | 30–39 years | 40–49 years | 50–59 years | 60–69 years | 70–79 | years 80 years and older | | | |
|---------------------------------|--|--|-----------------------------|--|----------------------------|------------------|------------------------------------|---|--|--|
| Abdominal Aortic Aneurysm (AAA) | Not recommended (age 18–64) Talk with your provider (age 65–75) | | | | | | | Not recommended (age 76 and older) | | |
| Breast Cancer | | mmended 18–39) | | Recommended annually (45-54) Recommend biennial (55 and older or have opportunity to continue Have opportunity to begin annual screening (40-44) | | | talk with | mmended for some women — talk with your provider (age 75 and older) | | |
| Cervical Cancer | Every 3 years (age 21–29) | Recommended. Every 3 or 5 years, depending on tests chosen (age 30–65) | | | | Not recom | ecommended (age 66 and older) | | | |
| Colon Cancer | Not reco | mmended (age 18–44) | | Recommended. Frequency varies by test chosen (age 45–75) | | | Talk with your pro (age 76–85) | | | |
| Depression | | | | Recommended every year | | | | | | |
| Hepatitis B Infection | | | Recommended for som | ne women – talk with your p | ovider (age 18 and older) | | | | | |
| Hepatitis C Infection | | Rec | ommended in adults aged | 18-79 years, and in all pregna | ant women, during each p | regnancy | | | | |
| High Blood Pressure | | Recommended every year (age 18 and older) | | | | | | | | |
| High Cholesterol | | Talk with your provider (age 20 and older) | | | | | | | | |
| HIV Infection | | Recommend | led once (age 18 and older) | ; in all pregnant Veterans; ar | nnually in Veterans with o | ngoing risk fact | ors | | | |
| Lung Cancer | N | ot recommended (age 18–4 | 9) | Recommended for some women — talk with your provider (age 50—80) | | | Not recommended (age 81 and older) | | | |
| Osteoporosis | | Recommended for some women — talk with your provider (age 18—64) Recommended once (age 65 and old | | | | | | d older) | | |
| Overweight & Obesity | | | Recom | mended every year (age 18 a | ind older) | | | | | |
| Sexually Transmitted Infections | Recommended. Test for gonorrhea and chlamydia every year | Talk with your provider about testing for gonorrhea, chlamydia, and syphilis (age 25 and older) | | | | | | | | |
| | (age 18—24). Talk with your provider about syphilis testing. | (age 18—24). k with your provider Farly screening for syphilis infection is recommended for all pregnant Veterans, regardless of age. | | | | | | | | |

MEDICATIONS

| HEALTH CONDITIONS | 18–29 years | 30–39 years | 40–49 years 50–59 years | | years | 60–69 years | 70–79 years | 80 years and older |
|-----------------------------------|--|-----------------------------|-------------------------|--|--|--------------------|----------------|----------------------|
| Folic Acid for Pregnancy Planning | Recommended. Daily folic acid supplement for any woman who may become pregnant (age 18-55) | | | | Not recommended after child-bearing age (age 55 and older) | | | |
| Aspirin to Prevent Stroke | | Not recommended (age 18–49) | | | with your pro | ovider (age 50–69) | Not recommende | d (age 70 and older) |

HEALTH COUNSELING

| HEALTH CONDITIONS | 18-29 years | 30-39 years | 40–49 years | 50-59 years | 60–69 years | 70–79 years | 80 years and older | | | |
|------------------------------------|---|-------------|-------------|-------------|-------------|-------------|--------------------|--|--|--|
| Tobacco Use | Recommended every visit (if using tobacco) (age 18 and older) | | | | | | | | | |
| Alcohol Use | Talk with your provider about healthy alcohol use (age 18 and older) | | | | | | | | | |
| Healthy Diet and Physical Activity | Talk with your provider about a healthy diet and physical activity (age 18 and older) | | | | | | | | | |

VACCINES

| HEALTH CONDITIONS | 18–29 years | 30–39 years | 40–49 years | 50–59 years | 60–69 years | 70–79 years | 80 years and older | | | |
|--|---|-----------------------------|------------------------------|--|-------------|---|--------------------|--|--|--|
| Hepatitis A | Recommended for some women — talk with your provider (age 18 and older) | | | | | | | | | |
| Hepatitis B | Recommended for some women — talk with your provider (age 18 and older) | | | | | | | | | |
| Herpes Zoster (Shingles) RZV vaccine | | Not recommended (age 18–4 | 19) | Recommended 2 doses (age 50 and older), with second dose 2–6 months after first dose | | | | | | |
| Human Papilloma Virus (HPV) HPV9 vaccine | 2—3 doses (age 18—26) if series not completed | Talk with your provider (ag | e 27–45) | Not recommended (age 46 and older) | | | | | | |
| Influenza (Flu) Injectable, Inhaled | Recommended every year (age 18 and older) | | | | | | | | | |
| Measles, Mumps, and Rubella (MMR) | Recommended for some women — talk with your provider (age 18 and older) | | | | | | | | | |
| Meningococcal Disease | Recommended for some women — talk with your provider (age 18 and older) | | | | | | | | | |
| Pneumococcal Disease PPSV23 vaccine, PCV13 vaccine | | Recommended for some wor | men — talk with your provide | or (200 18_64) | Recon | Recommended. At least 1 dose of PPSV23 vaccine (age 65 and older) | | | | |
| | Recommended for some women — talk with your provider (age 18—64) Talk with your provider about PCV13 vaccine (age 65 and older) | | | | | | | | | |
| Tdap (Tetanus, Diphtheria & Pertussis) | Recommend at least 1 dose. Get additional dose with every pregnancy (Or for wound management if $>$ 5 years have passed since last tetanus toxoid-containing booster vaccine). | | | | | | | | | |
| Td (Tetanus and diphtheria) | Recommended. Booster every 10 years (age 18 and older) (Either Tdap or Td may be used) (Or for wound management if $>$ 5 years have passed since last tetanus toxoid-containing booster vaccine). | | | | | | | | | |
| Varicella (Chickenpox) | Recommended for some women - talk with your provider (2 doses if born 1980 or later) | | | | | | | | | |